



Rx: Health Care Reform FYI #49

Subject: *Ensure Seniors Get Fair Access to Mental Health Care*

From: *Rep. Tim Murphy (PA-18)*

Date: *February 13, 2007*

The problem: Medicare currently discriminates against mental health services for seniors by charging more in copayments than for any other outpatient health care treatment. (50% copayments for mental health treatments vs. 20% copayments for all other services.) This policy creates a barrier for seniors who would benefit from effective mental health treatments and increases Medicare costs.

Seniors need access to mental health services:

- The U.S. Surgeon General found that 20 percent of Americans 55 and older experience mental disorders that are not attributed to normal aging, anxiety, alcoholism or Alzheimer's disease.¹
- An estimated 2 million seniors suffer from a depressive illness (major depressive disorder, dysthymic disorder, or bipolar disorder) and another 5 million may have "subsyndromal depression," or depressive symptoms.²
- The risk for depression doubles when a person suffers from chronic illnesses such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. When the depression is not treated, the cost of treatment for the chronic illness can double.
- The suicide rate among seniors is twice that of teens.³

Seniors are not receiving access to mental health care:

- Despite the availability of proven treatments, 63 percent of seniors who need mental health treatments do not receive it.⁴ The U.S. Surgeon General attributes this large unmet need to patient barriers (reluctance to discuss psychological problems), provider barriers (difficulty in diagnosing and treating mental illness), and health care system barriers (payment and coverage policies).

¹ Department of Health and Human Services. Mental health: a report of the Surgeon General. DHHS. 1999.

² Narrow WE. One-year prevalence of depressive disorders among adults 18 and over in the U.S.: NIMH ECA prospective data. Unpublished table. (NIMH: Older Adults Depression and Suicide Facts. 2003): Alexopoulos GS. Mood disorders. in: Sadock BJ, Sadock VA. Comprehensive Textbook of Psychiatry, 7th Edition, Vol. 2. 2000.

³ NGA Center for Best Practices. Fact Sheet. Mental Health and Aging. 2004.

⁴ Goplerud E. Substance Abuse and Mental Health Services Administration, Department of Health and Human Services. Communication with MedPAC staff. April 2002.: Rabins, P. V. Barriers to diagnosis and treatment of depression in elderly patients. American Journal of Geriatric Psychiatry. 1996. S79-S83.

Seniors who do receive mental health services reduce their hospital costs:

- Two studies of elderly orthopedic surgical patients for fractured femurs found that seniors who received a psychiatric consultation reduced hospital stays by 12 days over seniors who did not receive a consultation. Psychiatric consultation was also associated with 80 percent savings in inpatient costs.⁵
- In one study two hospitals offering mental health services to elderly patients with hip fractures reduced the length of stay by 2 days and reductions in hospital costs by over \$160,000 and \$97,000 per patient respectively.⁶

Recommendations:

- End Medicare discrimination for mental health services by adjusting copayment rates for outpatient psychiatric care to match all other health care services.
- Increase the outreach and screening of mental illness at our nation's nursing homes and long-term care facilities to reduce the costs of untreated mental illness and co-occurring disorders.
- Integrate the diagnosis and treatment of chronic diseases and mental illnesses, such as depression, for more effective care and lower health care costs.
- For further information on legislation to ensure our seniors receive fair access to mental health care services under Medicare, please contact my office at (202) 225-2301.

⁵ S.J. Levitan and D.S. Kornfeld. Clinical and Cost Benefits of Liaison Psychiatry. American Journal of Psychiatry 1981. 790–793; J.J. Strain et al.. Cost Offset from a Psychiatric Consultation-Liaison Intervention with Elderly Hip Fracture Patients. American Journal of Psychiatry 1991. 1044–1049.

⁶ J.J. Strain et al. Cost Offset from a Psychiatric Consultation-Liaison Intervention with Elderly Hip Fracture Patients. American Journal of Psychiatry 1991. 1044–1049.